



OFFICE OF THE CORONER

1700 Continental Place
Mount Vernon, WA 98273
Phone: 360-416-1996
Fax: 360-848-1173
coroner@skagitcountywa.gov

Date: _____ Case No.: _____

To the Coroner of Skagit County;

I, _____, am the _____ of _____.
(Name) (State relation to deceased) (Deceased Name)

I am requesting a copy of the following report(s):

☐ Investigators Report

☐ Autopsy Report

☐ Toxicology Report

Please forward the above requested report(s) to following company on my behalf.

Name of company: _____

Address of company: _____

Phone/Fax Number: _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct, and executed at Mount Vernon, Washington.

Signature

Date

Please attach a color copy of a government issued identification.

Signature verified by:

☐ Driver's license ☐ Military ID card ☐ State issued ID card (What State) _____

☐ Other: _____

Report(s) released by:

Skagit County Coroner Representative

Signature

Date